

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09771791

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58	1					
59						
60						
61						
62						
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65						
66						
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71	1					
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74	1					
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81	1					
82	1					
83						
84						
85	1					
86	1					
87						
88						
89	1					
90						
91						
92						
93						
94	1					
95	1					
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	36					
TOTAL CLAIMS	39					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS